

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028845

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 8

FILED JUL 16 1963

## 1. PLACE OF DEATH

a. COUNTY

Jackson

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Jacksonb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN GrandviewLength of stay in 1b  
5 yrsc. CITY  
OR  
TOWN GrandviewInside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION 6401 E. 153rd St.Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)  
6401 E. 153rd StReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

JamesHaroldReddell4. DATE  
OF  
DEATH

Month

Day

Year

7101963

## 5. SEX

Male

## 6. COLOR OR RACE

White7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

9-26-53

## 9. AGE (last birthday)

9

## IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

## 10b. KIND OF BUSINESS OR INDUSTRY

School

## 11. BIRTHPLACE (City and state or country)

Wichita, Kansas

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

James Coy Reddell

## 13b. MOTHER'S MAIDEN NAME

Helen Franks

## 14. NAME OF HUSBAND OR WIFE

None15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Helen Reddell, 6401 E. 153rd St18. CAUSE OF DEATH (Enter only one cause)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Shotgun wound chest & armINTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Shot by father20c. TIME OF  
INJURY  
Hour  
a.m.  
p.m.7-10-6320d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
factory, street, office bldg., etc.)Home

## 20f. CITY, TOWN, OR LOCATION

Grandview Jackson MO

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Hugh A. Owens, Coroner

## 22b. ADDRESS

152 Union Station 7-1-63

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

7-11-1963

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

Harrison, Arkansas

## 23e. STATE

## 24. FUNERAL DIRECTOR

## ADDRESS

E.K. George & Sons, Inc, Grandview, Mo.

## 25. DATE RECD. BY LOCAL REG.

## 25. REGISTRAR'S SIGNATURE

Hugh A. Owens

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/591 70022 7002

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7 18 29981X

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11

12 90-313 3-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Sterling E. Gosdard*

Licensed Embalmer No. 4911

P. O. Address

*Grandview Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.